

Good afternoon, Madame Chair and members of the committee. My name is Stacey Anderson, I am the Director of Public Affairs for Planned Parenthood of Montana, and we support HB 257 which provides two innovative solutions to the issue of pharmacy access in Montana.

As you may or may not be aware, there have been two documented incidents in the past two years of individual pharmacists refusing to fill women's legal prescriptions for oral contraceptives – one in Great Falls and one in Broadus, MT. While the communities of Great Falls and Broadus could not be more different, the effect is the same: women were denied access to healthcare for personal, not professional reasons. In the case of Broadus, this created a significant burden to patients who were denied care because the closest alternative pharmacy was in Miles City, 79 miles away.

First – the issue of healthcare refusals – or conscience clauses – is a growing concern for the medical community. Numerous national organizations have taken a position on healthcare refusals and overwhelmingly they support the policies being considered today. Most notably,

American Pharmacists Association. Issue Brief. "Pharmacist Conscience Clause." March 2008. *APhA recognizes the individual pharmacist's right to exercise conscientious refusal and supports the establishment of systems to ensure patients' access to legally prescribed therapy without compromising the pharmacist's right of conscientious refusal. When this policy is implemented correctly, and proactively, it is seamless to the patient, and the patient is not aware the pharmacist is stepping away from the situation. In sum, APhA supports the ability of the pharmacist to step away, not in the way, and supports the establishment of an alternative system for the delivery of patient care.*

HB 257 truly provides community and business alternatives --- or systems --- to protect and improve patient care.

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First, one simple fix that HB 257 provides to address the issue at hand is clarifying that providers may dispense when the local pharmacy does not stock a drug. This simple broadening of dispensing authority preserves the therapeutic options available to a provider and ensures that the patient receives the appropriate treatment in a timely manner. Prescribing medical practitioners should not have their hands tied with regard to therapy because the local pharmacy does not stock a drug – for any reason, personal or professional.

Second, the non-pharmacist auxiliary provision in HB 257 addresses preserving pharmacy access for contraceptives through a streamlined, innovative –licensed - process. In Montana, all 56 counties have been federally designated as “health provider shortage areas” for primary care meaning that many communities with pharmacies may not have a local provider. Also, in many Montana communities – 28 to be exact – there is only one pharmacy in town, many of which only employ a single pharmacist. As was also the case in Broadus, the pharmacist was NOT the owner of the pharmacy and the pharmacy owner lost business based on the personal decision of his employee to stop dispensing. Pharmacy owners should have multiple tools at their disposal to address the challenges they face as business owners and the non-pharmacist auxiliary provision very narrowly addresses the issue of birth control refusals under the direct supervision of the Montana Board of Pharmacy.

It should be noted that Montana statute 37-7-307 already allows pharmacy “auxiliaries” to perform services for a pharmacist under the terms of a Board of Pharmacy approved utilization plan – HB 257 simply directs the Montana Board of Pharmacy to establish some basic standards, licensing requirements, and oversight of these auxiliaries for the purpose of dispensing prepackaged birth control.

In closing, I have personally met with several women from Broadus. Their concerns are significant – losing access to pharmaceutical care, not only for themselves, but for their daughters. Some of them were justifiably outraged and all of them were discouraged that their private medical decisions were being over-ruled by the personal beliefs of their

local pharmacist. It is also their reality that, in Broadus, they are lucky to have a pharmacy at all.

Licensing statutes and rules are – and must be – enacted not only for the benefit of the licensed entities, but also for the benefit and protection of the public. This authority --- granted to the Montana Legislature and vested in the Board of Pharmacy through statute --- is founded on the state's responsibility to protect the public health, safety, and welfare of all its citizens. HB 257 provides two commonsense solutions appropriate for Montana and the realities of rural healthcare access. These solutions are critical for healthcare providers and critical for the small pharmacy owners across the state.

I want to thank you for considering HB 257. Planned Parenthood of Montana serves 22,000 men and women across the state, including 16 patients in Powder River County (Broadus) and almost 5000 in Cascade County where the refusals occurred. We should all be committed to finding innovative solutions to healthcare access for Montana's citizens and I urge you a "do pass" on HB 257.

Dear Committee Members,

Regarding HB 257 to Revise Pharmacy Laws, prepackaged medications need to be available for patients in areas where there is no local stock available or an objecting pharmacist is employed by the local pharmacy --- especially if HB 284 does not pass, which I hope that it will. Those who really care about women's health know that having control of one's reproductive life is important to having healthy women, children, and communities. When women can control their childbearing, they are better able to care for the children they do have and overall health of the family is improved. Please help women in rural areas of our state to have access to the necessary medications they need by passing this bill.

Sincerely,
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February 2, 2009

From: Mark Garnaas, MD
500 W Broadway
Missoula, MT 59804
Chair, Montana Section, American College of Obstetricians and Gynecologists

To: Montana State Legislature
Committee on Business and Labor
Committee on Human Services

Re: HB 284 and HB 257

Dear Committee Members,

I would like your committees to be informed that the Montana section of the American College of Obstetricians and Gynecologists, which represents the 77 members of this organization who serve our female citizens of Montana with obstetrical and gynecological care, strongly endorse the passage of both HB 284 and HB 257. The college believes the implementation of these statutes will significantly enhance the health and lives of Montana women, of whom many currently are denied access to fundamental and life-saving prescription medications.

Respectfully,

Mark Garnaas, MD
Chair, Montana Section, American College of Obstetricians and Gynecologists

Towns Served by One Pharmacy
****Does not include population for surrounding area****

Community	Population	Nearest Pharmacy	Distance (miles)	Roundtrip Distance (miles)
Big Sandy	703	Havre	35.05	70.1
Big Sky	1221	Bozeman	44.23	88.46
Big Fork	1421	Kalispell	18.08	36.16
Boulder	1300	Helena	30.41	60.82
Broadus	451	Miles City	79	158
Chinook	1386	Harlem	21.39	42.78
Circle	569	Glendive	49.14	98.28
Corvallis	443	Hamilton	6.06	12.12
Ekalaka	410	Baker	36.48	72.96
Eureka	1017	Whitefish	51.19	102.38
Fairfield	659	Choteau	17.71	35.42
Fairview	709	Sidney	11.26	22.52
Florence	878	Stevensville	9	18
Frenchtown	695	Missoula	16	32
Gardiner	846	Livingston	54.28	108.56
Harlem	848	Chinook	21.39	42.78
Lolo	3388	Missoula	10.93	21.86
Philipsburg	914	Anaconda	31.08	62.16
Poplar	911	Wolf Point	21.63	43.26
Saint Ignatius	788	Ronan	14.85	29.7
Terry	611	Miles City	38	76
Thompson Falls	1321	Plains	25.31	50.62
Troy	957	Libby	18.36	36.72
Victor	859	Stevensville	9.29	18.58
Warm Springs	306	Deer Lodge	15.5	31
West Yellowstone	1177	Big Sky	50.84	101.68
Whitehall	1044	Butte	26.61	53.22
Wolfpoint	2663	Poplar	21.5	43
Average Population	1018		Average (miles)	56.04071429
Total Population	28495			